

Book Reviews

Comprehensive Guide to Interpersonal Psychotherapy

By Myrna M. Weissman, John C. Markowitz, and Gerald L. Klerman
New York, Basic Books, 2000, 465 pages, ISBN 0-46509-566- 6, \$55.00

Reviewed by Gregory A. Hinrichsen, Ph.D.

The book *Interpersonal Psychotherapy of Depression*¹ was the original statement of interpersonal psychotherapy of depression (IPT). As someone who has conducted IPT for several years, I have carefully read and reread the 1984 IPT book. It is a refreshingly clear, clinically friendly outline of why and how to conduct IPT. The fact that the book has been in print in one form or another for the last 15 years attests not only to the increasing popularity of IPT but also to the quality of the book itself. In short, it's a classic. Can a classic be improved?

Comprehensive Guide to Interpersonal Psychotherapy is an effort to supplement the 1984 IPT book. Its authors are Myrna Weissman, one of the originators of IPT, and John Markowitz, a leading practitioner and researcher of IPT. The new book is a blend of the 1984 IPT book and an updated version of *New Applications of Interpersonal Psychotherapy*.² The latter was a review of research and clinical efforts to implement IPT with a wide variety of patient populations and psychiatric diagnoses. Is the *Comprehensive Guide* more than an updated sum of these two books?

Section I, "Conducting Interpersonal Psychotherapy of Depression," is the expanded version of the 1984 IPT book. What I best liked about this section is that the authors added information on how to conduct IPT that will be especially useful to clinicians who are learning this modality for the first time. Suggested scripts for inquiring about interpersonally relevant issues are in-

cluded, as well as possible ways of explaining IPT concepts and issues to patients. As an IPT supervisor, I find that clinicians new to IPT thirst for practical, how-to ways to conduct the therapy. Suggested scripts were available in the 1984 IPT book, but the addition of others enriches this section as a training manual. The *Comprehensive Guide* also provides more clinical vignettes than the 1984 IPT book. Again, the vignettes provide concrete examples of how specific issues are handled with real patients at different stages of the therapy. I surmise that the new vignettes are drawn from Markowitz's and Weissman's own experience of conducting IPT in the last 15 years. Some of the clinical material reflects contemporary issues in conducting IPT in psychotherapeutic practice, such as the psychological ramifications of HIV infection. Section I also provides updated efficacy data on IPT.

Section II, "Adaptation of IPT for Mood Disorders," and Section III, "Adaptation of IPT for Non-Mood Disorders," correspond to the last two sections of *New Applications*. The variety of problems to which IPT has been applied testifies to the therapeutic versatility of this modality. Problems include recurrent major depression, dysthymic disorder, adolescent depression, late-life depression, bipolar disorder, depression in primary care patients, depressed HIV-positive patients, and others. These sections of the *Comprehensive Guide* offer more clinical vignettes than found in *New Applications* and, of course, provide contemporary summaries of research pertaining to each of the problem areas discussed. Clinicians will find the research updates brief and straightforward, with relevant references for those who wish to pursue the details. Section III also contains a chapter on "Applications in Progress," which gives a glimpse of novel and cutting-edge IPT interventions such as IPT for borderline personality disorder and for body dysmorphic disorder.

Section IV, "IPT Resources," reports on the remarkable spread of IPT to other countries and of its flexible adap-

tation to new formats. The book concludes with a look at "The Future of IPT" and an extensive discussion of the conduct of an IPT case that appeared in the 1984 IPT book.

Can a classic be improved? Is the *Comprehensive Guide* more than an updated sum of two previously published IPT books? I believe so. With the wealth of both research and clinical knowledge possessed by Weissman and Markowitz, the book is indeed comprehensive. It adds texture and depth to the 1984 IPT book and to *New Applications*. Sections II through IV benefit from the authorship of only two individuals (in contrast to *New Applications*, which was an edited compilation), who bring a common format to these sections enriched with clinical examples.

It is notable that Weissman and Markowitz included the late Gerald Klerman as one of the co-authors of this book. Clearly he was the nucleus of IPT and had a major hand in writing the 1984 IPT book. Klerman was one of those rare individuals in psychiatry who combined a clinician's sensitivity and intuition with a researcher's hard-headed search for the facts. I found the dedication of the book particularly touching: "To Gerald L. Klerman, loving and wise, a mind of crystal clarity." And indeed, in both the 1984 IPT book and the *Comprehensive Guide* one finds love, wisdom, and clarity.

Dr. Hinrichsen is Associate Director of Psychology, Long Island Jewish Medical Center, and Associate Professor of Psychiatry, Albert Einstein College of Medicine, Bronx, NY.

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The Process of Group Psychotherapy: Systems for Analyzing Change

By Ariadne P. Beck and Carol M. Lewis
Washington, DC, American Psychological Association, 2000,
496 pages, ISBN 1-55798-658-4,
\$49.95

Reviewed by Sally H. Barlow, Ph.D.

Clinicians and researchers study the treatment process as a way of understanding therapeutic action in group psychotherapy. When Fuhrman and Barlow¹ reviewed the extant group process measures in group psychotherapy research, they noted: "Missing here are the various perspectives on the same moment, event, response. Most measures identify behaviors; few describe emotions, and none catalogue cognitive processes. The dynamic interplay of these three most likely overlies the dynamic interpersonal qualities of the group members. The lack of detail in various dimensions and across varying levels of functioning surely calls for increased interactional instrumentation capable of such measurement." Fuhrman and Barlow systematically examined a number of measures addressing general utility, validity and reliability, and ability to link process to outcome. An exciting next step has occurred, shedding empirical light on some of the questions we raised in 1994.

The excellent text of Beck and Lewis allows us a peek into this process. These authors gave identical transcripts of one particular time-limited group session, with accompanying descriptions of prior sessions, to a number of experts on process measures. As each representative assessment system (or lens) allows us a protean glimpse, the arrangement of altering views presents us with a kaleidoscope, as changing forms (people, time, space), patterns (repeated behaviors and

relationship patterns), and colors (various affects) continually shift with each new measuring system. As a professor who teaches group theory and practice to clinical psychology graduate students and psychiatric residents, as a researcher of both group process and outcome, and as a human invested in relieving human suffering by promoting good mental health through legitimate treatments, I believe this book is the next step on our understanding of the interplay between group research and theory.

The strengths of this text include clear descriptions from the group process experts regarding their particular process measure, general descriptions, correspondence to theory, and direct application to the session. Most exciting is the comparison of systems and what each reveals about the group process. (This is also a possible weakness, however. There is so much data to sift through that the reader must be patient. Figures, tables, and summary chapters help.) Such direct comparison allows readers to see the strengths and weaknesses of the various process measures.

It becomes even more evident, however, why there are no real frontrunners in group process measurement: those measures that reveal important information about emotional, cognitive, and behavioral processes are prohibitively difficult to learn though data-dense; those measures that leave out an important part of this triad are superficial, although easy to learn and score; and most of these measures have not been used consistently in the research to sustain their viability in linking process to outcome. This is, of course, *de rigueur* for most therapy process measures: rich detail is often sacrificed for ease of learning and scoring.

But this is not a fault of Beck and Lewis. If anything, they have clearly illuminated the needs in this particular field of research. Their complex handling of an admitted conundrum in group psychotherapy research brings us one step closer to establishing the link from process to outcome. Individual psychother-

apy researchers have been struggling with this for decades. Certainly it will be no easy task to attempt to study the exponentially more complex arena of groups. Perhaps a follow-up text by Beck and Lewis will demonstrate if and how each measure was linked to particular patient outcome.

This will no doubt take us into the more problematic area of research design. Often, process measures are not at fault in the inability to link them to outcome; rather, research hypotheses are not stated directly enough to provide the framework to establish this link. In addition, all good researchers know that various sources of process and outcome must be assessed: self-report data along with expertly rated behavioral systems.

As the next generation of researchers considers process, outcome, and methodology, many of these important questions will be answered. The Beck and Lewis book is a good start. For anyone serious about studying group psychotherapy, this is a must read.

Dr. Barlow is Professor of Psychology, Brigham Young University, and Adjunct Associate Professor of Psychiatry, University of Utah School of Medicine.

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Expressing Emotion: Myths, Realities, and Therapeutic Strategies

By Eileen Kennedy-Moore and Jeanne C. Watson
New York, Guilford Press, 1999,
365 pages; cloth, ISBN 1- 57230-473-1, \$42.00; paper, ISBN 1-57230-694-7, \$25.00

Reviewed by Edward Hanin, M.D.

In my experience, it is somewhat rare to find a work that is not only schol-

arly and detailed enough to satisfy experienced practitioners in the field, but also so well written as to be easily understandable to those less experienced or just beginning their work. In *Expressing Emotion*, the authors have produced just such a work. Their writing style is clear and concise without the hyperbole and obfuscation with which some authors try to impress their readers. They make very clear that both the experiencing of emotion and the way such emotions are expressed to oneself and to others create a complex network of events and experiences. They very quickly put to rest the idea, perhaps more popular among the lay public than professionals, that letting emotions "hang out" is all that is needed to experience relief and psychological progress. They do not deny the possible therapeutic effects of ventilation, but they point out that both the experiencing of emotions and the expression of emotions are considerably more complicated than that.

The student is well served by definitions of key terms in describing emotions (arousal, behavior, experience, expression, reflection, non-expression), so that it is always clear what the authors are talking about. In addition, the organization of the book—an overview followed by sections dealing first with intrapersonal emotional processes, then interpersonal processes, and finally the implications for treatment planning—helps the reader move from the theoretical to the practical implications of the authors' ideas.

The authors' theoretical discussions of emotion are interesting and necessary, but for me, the most useful part of their work is their section on the treatment implications. Here they are very liberal in the use of clinical examples so as to be most helpful to the clinician. They address expression and nonexpression as facilitators of emotional understanding and behavioral change; the therapeutic approaches to emotional constriction in depression; vacillating expression and nonexpression in bereavement and trauma; emotional expression in marital

therapy; and expression-related interventions in health psychology. One may not always agree with the treatment recommendations, but these are always clearly put forward so that experienced readers know where they disagree and those with less experience have a useful framework for the evaluation of other ideas as they come upon them.

Perhaps a brief quote from their work will give some indication of their style:

The relationship between emotional expression and emotional insight is complex. In some cases, expression is simply a consequence, a direct sign of emotional insight. In other cases expression is a cause of emotional understanding through self observation, verbalization, or social feedback. In still other cases, certain forms of emotional expression may be a sign of lack of insight. For instance, when expression involves perseverative attention to poorly understood emotional distress, such as repeated expressions of 'I feel bad,' it indicates a lack of emotional understanding. Expression can also be used as a means of defensively avoiding emotional awareness through emotional substitution, such as when anger is expressed to avoid acknowledging feelings of sadness.

The implication of all of this is that when clients show deficits in emotional insight, it is important for therapists to determine whether these deficits are related to a lack of attention to inner experience, to skill deficits in emotional processing, or to a motivated lack of awareness of emotional experience. Therapists need to assess the role of emotional expression or nonexpression in contributing to or correcting a lack of emotional insight. When emotional expression enables individuals to label and understand their emotions, and to extract information from them, it fosters emotional insight, directs coping efforts, and should lead to

enhanced well-being. When expression persists at the lowest levels of emotional awareness, or when it disguises genuine feelings, it is not related to emotional insight. In these cases, emotional expression may be harmful because it merely intensifies negative feelings and interferes with functioning.

The authors do not claim all ideas presented in their work as their own. They are quite generous in giving credit to others whose ideas they have incorporated. The bibliography is extensive and well researched and provides a valuable pathway for those interested in obtaining more information on the areas discussed. This work is a valuable addition to our understanding of the roles of emotion in both psychopathology and health and should be a valuable resource for students in all aspects of the field of mental health.

Dr. Hanin is Clinical Professor of Psychiatry, New York Medical College, and Senior Attending, St. Vincent's Catholic Medical Centers, New York, NY.

Beyond Individualism: Toward a New Understanding of Self, Relationship, and Experience

By Gordon Wheeler
Hillsdale, NJ, Analytic Press, 2000,
400 pages, ISBN 0- 88163-334-8,
\$27.95

*Reviewed by John Gladfelter, Ph.D,
CGP*

Gordon Wheeler is introducing what he believes to be a new paradigm for the field of psychotherapy based on the original constructs of Gestalt psychology. He uses the conceptual framework of constructivism as a vehicle

for his approach to looking at individualism and the self. This book is an ambitious undertaking as he goes about deconstructing the idea of the individualistic self, pointing to the limitations of a long-held view and suggesting that much of the difficulty that psychotherapy has had in explaining human distress is related to the view of self. The author of this book believes that the individual self as historically viewed precedes and transcends relationship and social conditions and that interpersonal experience is somehow secondary and even opposed to the needs of the inner self.

The book is written to lead the reader through a set of experiential chapters presenting the notion of relational self in a set of frameworks that develop the concepts of the social field, contact, shame, support, and intimacy and through these the broader human experiences related to narrative, culture, health, ecology, and spirit.

In the first imagery exercise, the author leads the reader through experiences of thinking, feeling, and imaging to inform a stepwise, detailed behavioral-descriptive feedback of the self. The sequence of this imagery (and the author suggests writing this down) would go "I see/ imagine, then I feel/do, and then you see/imagine/feel and offer a response." An example would be "I see shoulders hunched over, mouth sagging, and then I feel sad and lonely, and then I could do something to help you, but you couldn't take care of me." This would be a recursive exercise in which there might be a number of descriptions resulting. In the second exercise, the reader explores the experience of creating outer and inner social supports in relation to the experiences of the first step and encounters shame as a result of the individualistic model many operate from.

In the third step, the reader explores the shame and asks what one would need from another person to enable one to talk about it. This step would begin explorations concerning intimacy. These exercises, the author suggests, would enable one to understand the nature of the in-

dividual as the figure and the imagined world as the ground in a Gestalt framework. This much-simplified example may give at least an incomplete picture of the exercise.

This is not an easy book to read, as it expects the reader to have a working knowledge of Kuhn's concept of paradigm, basic Gestalt psychology, and the development of Gestalt psychotherapy as it has grown in sophistication. However, this is a book well worth reading because it introduces in a broad panoramic way the limitations that are inherent in how the psychotherapy field has viewed the self in relation to society. Wheeler takes one rapidly through a wide range of concepts that invite and challenge the reader to examine long-held beliefs about the self in relation to the world. As the author suggests, this means a significant shift in the way we think about ourselves and our patients. Much of what has been appearing under the rubric of constructivism, deconstructivism, and constructionism introduces a vehicle for understanding our traditional views of self and suggests that a concept of relational self is well worth considering.

The written word has limitations, and nowhere have I found that more true than with this book; there is so much I would have liked to discuss with the author. This is perhaps one of the problems that arise when experiential learning is involved. There is much to agree with and disagree with—necessarily so with the developing of a new paradigm about the self. I would also have liked a traditional subject index for the book because there are so many ideas that call for further thought and comparison.

Although the thinking of this book may seem radical, the Zeitgeist of the field of psychotherapy has shown that many elements being offered here have actually been around for some time. Some senior Gestalt therapists will find much that is already congruent with their thinking. Group psychotherapists have long been talking about and considering a view of the self that is relational, although perhaps not as clearly as this au-

thor does. Transactional analysis and rededication therapy have acknowledged the role of the self, although again not as clearly and strongly as this book. Current analytic thinkers will find much that is provocative and much that is affirming. Self psychologists should find in this book a well-developed set of arguments for a point of view that will challenge, as well as support, current thinking.

Dr. Gladfelter is a faculty member of the Fielding Institute, Santa Barbara, CA.

Group Psychotherapy for Psychological Trauma

Edited by Robert H. Klein and Victor L. Schermer
New York, Guilford Press, 2000,
364 pages, ISBN 1-57230-557- 6,
\$45.00

*Reviewed by Henry I. Spitz, M.D.,
FAPA*

Intense interest in psychological trauma has been central to the field of psychotherapy since its inception. Encounters with the sequelae of trauma are virtually universal in any psychotherapist's experience. There is, however, often a broad gap between the ability to identify the impact and phenomenology of severe psychological trauma and the ability to provide knowledgeable, effective treatment. The information provided in this text represents an attempt to close the gap.

While the term *trauma* has found its way into the everyday parlance of mental health practitioners, it is used loosely and often does not mean the same thing to all people. One key contribution of this book is that it takes the time to clearly define what does and does not constitute psychological trauma and its specific psychological manifestations. The book is divided into two sections: "Concepts,

Theories, and Strategies” and “Special Populations and Trauma Groups.”

In the first chapter, Klein and Schermer set the stage by providing a thorough overview of the relevant trauma literature, an analysis of the impact of trauma from an object relations point of view, and a rationale for the advantages of specialized psychotherapy groups. Their scholarly yet very reader-friendly style condenses a great deal of theoretical material into language that is clear and clinically relevant.

Goodman and Weiss begin the book's journey from theory to practice in a chapter that explicates the “nuts and bolts” of the trauma group model. They highlight issues of screening and evaluation of prospective group members, the advantages of homogeneous group composition, stages of group development, and the key issue of how to control the pace of self-disclosure by group members in discussing their prior traumatic experiences. Hageman and Wohl amplify the themes from the first two chapters and provide a more in-depth study of dissociative states and of defenses employed by traumatized individuals. Their broad view of the many faces of dissociative defenses includes behavior, affect, sensation, and knowledge as potential avenues for dissociation in trauma victims.

Chapter 4, by Ganzarain, is well written but narrow in scope. He takes a specific theoretical position, the “group-as-a-whole” model, and applies it to work with trauma patients. There is not much new information in this chapter, but it still serves as a good review of the work of Bion, Hopper, and others who advocate this orientation to group dynamics. The chapter by Ziegler and McEvoy that follows is particularly noteworthy. It is a thoughtful, sensitive, and clinically wise presentation of the critical dimension of countertransference reactions in trauma groups. The use of their personal “field journals” describing their ongoing reactions as leaders of trauma groups is impressive for both its honesty and the ease with which clinicians will be able to recognize their own blind spots and per-

sonal vulnerabilities evoked by members of psychotherapy groups for trauma.

The countertransference chapter at the end of Section I serves as a natural bridge to the second half of the text, which describes group therapies for various subsets within the trauma spectrum. Entities including posttraumatic stress disorder, sexual and physical abuse, medical illness, the impact of trauma and loss on children, community reactions to disaster, political torture and ethnic persecution, dissociative disorders, and severely psychiatrically impaired and/or substance-abusing patients are the focal points for this part of the book. Although all of these chapters are very strong, Chapter 7, by Buchele, deserves special mention for the model it offers of a leadership style that is highly empathic but clear on boundary issues, and for the emphasis she places on the need for traumatized individuals to move beyond a one-dimensional identity as “survivor” and to improve the overall quality of their lives.

By devoting eight chapters to the creative ways in which groups are being used to address the broad range of issues emanating from traumatic experiences, Klein and Schermer make the essential point that practitioners need to move beyond a global view that all trauma and its consequences are the same. Thinking only about similarities can present the temptation to adopt formulaic and non-specific treatment plans, thereby risking unsuccessful outcome and avoiding countertransference sensitivities. Each chapter clearly explicates the unique aspects of how groups are tailored to meet the needs of their membership. This second section of the book will be invaluable to new and seasoned group therapists interested in conducting groups for individuals who have undergone a severe psychological trauma.

This is not merely just another good book. It is an invaluable contribution to a rapidly emerging field and is likely to be the cornerstone text in the field of group psychotherapy and psychological trauma for some time to come.

Dr. Spitz is Clinical Professor of Psychiatry and Director of Group Therapy Training, Columbia University College of Physicians and Surgeons, New York, NY.

Scientific Foundations of Cognitive Theory and Therapy of Depression

By David A. Clark, Aaron T. Beck, and Brad A. Alford
New York, John Wiley and Sons,
1999, 494 pages, ISBN 0- 47118-970-7, \$85.00

Reviewed by Michael E. Thase, M.D.

Although there are dozens of books on cognitive therapy of depression, a majority are edited volumes and relatively few are distinguished by the comprehensive mastery of the material and clarity of exposition apparent in this book by Clark, Beck, and Alford. This volume offers a relatively up-to-date (circa 1999) and scholarly review of the phenomenology of depressive disorders from the cognitive perspective, along with detailed evaluations of the literature pertaining to the key hypotheses of the cognitive model of depression.

The book is well written, but it is not for the cognitive therapy neophyte. It is rather lengthy and detailed. Moreover, as might be expected, the discussions of criticisms of the cognitive model are somewhat partisan, and the authors consistently present the cognitive model as dynamic and organic (as opposed to static) in response to new and at times contradictory data. Nevertheless, it provides a valuable source companion to the classic but outdated treatment manual originally published in 1979 by Dr. Beck and colleagues (*Cognitive Therapy of Depression*) and the excellent how-to book by Dr. Judith Beck, *Cognitive Therapy: Basics and Beyond*, which was published in 1995.

Subheads, periodic summaries, and

statements of key points within each chapter focus the reader's attention and enhance comprehension; the authors are, after all, expert cognitive therapists. There is a minimum of redundancy across the 11 chapters, and although the copyediting is not infallible (e.g., influential early behaviorist Charles Ferster is referred to as "Fester" in both the text and the reference list), typographical errors are few.

As a treatment researcher, I was disappointed that the authors did not devote at least one chapter to reviewing the comparative outcome research studies of CT. Outcomes data has been one of the key aspects of the scientific foundation of CT for nearly 25 years.¹ This is a shortcoming, particularly in view of work linking early evidence of CT's superiority (over other therapies) to strong allegiance effects² and the increasing number of studies in which CT has not performed so well under more "neutral"^{3,4} or even potentially "allegiance-disadvantaged"⁵⁻⁷ conditions. Ultimately, the most pragmatic benefit of an elegant, scientifically strong model of psychopathology is the ability to translate such knowledge into greater or more enduring benefits for our patients. In this regard, it is not yet clear that the elaborate suprastructure of schema theory actually adds such benefits relative to simpler behavioral⁵ or interpersonal⁶ models of intervention.

Dr. Thase is Professor of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA.

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Erectile Dysfunction: Integrating Couple Therapy, Sex Therapy, and Medical Treatment

By Gerald R. Weeks and Nancy Gambescia

New York and London, W. W. Norton, 2000, 201 pages, ISBN 0-39370-330-4, \$30.00

Reviewed by Roy Whitman, M.D.

This brief volume gives a good summary of the current status of both sex therapy in general and the treatment of erectile dysfunction in particular. Drs. Weeks and Gambescia, who both hold doctorates in psychology, have collaborated in writing a very readable book that combines seamlessly the medical treatment and the psychological treatment. The illness they are approaching is erectile dysfunction, a much more prevalent disease than we had expected.

They give startling figures for this problem: the prevalence rate for men who are 40 years of age is 39%, and it dramatically increases to 67% for men

who are 70. Of course a very important development for this malady is that former Sen. Robert Dole had the courage to go public with his problem—particularly since it is a problem that occurs both psychologically and physically in various combinations.

The field is rapidly changing, led in particular by the discovery of the drug Viagra (sildenafil), which provides one more, usually quite acceptable, approach to the problem to add to the methods that are already in vogue. The advantage of these authors' approach is that it is "intersystemic," meaning that every problem is viewed in terms of its individual, interactional, and intergenerational components. In addition, the individual component is seen as including both the medical and psychological factors. The authors also imply that almost every sexual problem of this sort involves all of these factors and that the most effective treatment approach is to be sophisticated in addressing them all.

Weeks and Gambescia mention the three most common methods of treating erectile dysfunction via medication: oral (Viagra), transurethral (MUSE), and injection (Caverject). Alprostadil is the medicine found in MUSE and Caverject. Other mechanical medical treatments such as vacuum pumps are mentioned but only briefly described.

The authors' contribution is primarily in the area of the psychological treatment of this problem, and they give very specific recommendations as to how to "reframe" the problem, develop a therapeutic alliance with the couple, and deal with the therapy in an incremental way. They comment on the common pitfalls encountered in dealing with couples and also the fundamental problems involved in doing sex therapy (of any type), including communication difficulties, differences in expectations, and dealing with unresolved anger and conflict.

There is a vast literature on sex therapy, including works by Masters and Johnson, Helen Singer Kaplan, and numerous other therapists. That is one of the few deficiencies in this slender vol-

ume: most of the references are to the senior author's own work rather than to other authors. This makes it somewhat repetitious and narrow.

References to Viagra and its use are scattered in many places in the book. The authors have been very sensitive in showing that its use is not invariably a simple positive response and that it affects all aspects of the relationship of the couple. For example, one woman had a negative reaction because she felt the drug changed her husband into "an animal." Numerous clinical examples are given; these deal with the resistances of the couple rather than with total outcome. Most of these resistances are familiar to any psychotherapist, such as forgetting appointments, being late, not doing their "homework". (the mutual sensate focus exercises that couples do that speed up the treatment).

I recommend this book heartily as a concise summary of where the field of sex therapy is in general and of current treatment of erectile dysfunction in particular. It requires some background in psychology, especially sexual psychology, as well as sophistication in the area of couple and family therapy. It is an excellent introduction to the topic for anyone who works in this field.

Dr. Whitman is Emeritus Professor of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, OH.

A Primer for Beginning Psychotherapy, 2nd edition

By William N. Goldstein
New York, Brunner/Mazel, 2001,
138 pages, ISBN 1- 58391-074-3,
\$19.95

*Reviewed by Kent D. McDonald,
M.D*

This volume gives to psychotherapy what a basic life support manual

gives to the first responder: an easy way to conceptualize patients' problems and start immediate treatment. Dr. Goldstein is well qualified to provide such a manual. He is on the faculty of the Baltimore-Washington Institute for Psychoanalysis, where he is director of their Adult Psychotherapy Training Program. He is also a Clinical Professor of Psychiatry at the Georgetown University Medical Center and currently practices psychotherapy and psychoanalysis. He is extensively published and has taught many the art of psychotherapy.

This book is the second edition and differs from the first in the addition of a chapter describing newer schools of psychotherapy. The update allows the novice to understand how the approach illustrated fits within the context of the contemporary schools. The concise, easy-to-follow format uses a question-and-answer style. The most pertinent concepts and terms used are described in an appendix on ego functions.

The layout is all business. The author wastes no words in explaining the basic questions of psychotherapy, and he covers more topics and in greater depth than one would have thought possible in a book of this size. Fourteen chapters flow from beginning to end along the line of questions most therapists should have before seeing their first patient. His first chapters are the equivalent of "Airway, Breathing and Circulation" for psychotherapy. This section gives the main elements of what needs to be done immediately to size up the debilities of patients and quickly categorize them by ego strength assessment into a normal-neurotic, narcissistic, borderline, or psychotic organization.

In these early chapters Goldstein gives a description of the varied backgrounds of patients and therapists and raises questions of the motivations of both for entering therapy. His directness in addressing some therapists' motivations for entering the field is unexpected but well employed. In light of this initial triage, he then discusses the basic life support measures—the spectrum of psycho-

therapy from analytic to supportive—using the degree of interpreted transference and insight as a measure of differentiation. Cognitive therapy is also given attention as an alternative treatment. The next four chapters cover issues to be pondered before meeting the patient. The degree of therapist's expressed emotion, office arrangement, initial phone contact, and the contract with the patient are all discussed, leading to a more in-depth question-and-answer coverage of therapeutic alliance and the role of transference.

Following a brief lesson on basic strategies, Goldstein leads the students through several techniques of psychotherapeutic intervention. Along the way he gives the beginning therapist a candid look at some of his early follies and difficult patients. Recounting confrontations with racism, sexism, and attacks of incompetence, he demonstrates his personal trials without resorting to long narratives. At times his short descriptions create such a vivid picture that chuckles and outright laughter are unavoidable. The examples capture the worst fears of beginning therapists and make it clear that the feared situations, if encountered, can be overcome and dealt with therapeutically. A brief chapter on termination is included for the sake of completeness. It is only three pages—long enough to stress its importance but meant for nothing more. Finally, contemporary strategies, from the Relational School to Self Psychology, are discussed. The novice will find the appendix on ego functions very helpful.

In the question-and-answer format, there is never time to get bored with one topic. This book, though, in no way resembles a mere series of bullet statements. The author writes engagingly, with seriousness as well as humor; throughout, his voice is both wise and concise. The beginning therapist reading this book will have the tools illustrated for making the four basic diagnostic groupings—and thus will be already far ahead of therapists with more experience who may suffer from lack of direction. For

those already in the field who may be having trouble making quick and accurate conceptualizations, this book is also helpful. The framework set forth provides a way to organize further readings on various topics in psychotherapy, making a complex and growing field more manageable. Any new or inexperienced therapist will come away feeling more secure in his or her ability to conduct therapy and will be better able to do so. This is a three-evening book that conveys the practical information often not gathered through a month of introductory lectures.

Dr. McDonald (Major USAF, MC FS) is Administrative Chief Resident of the Wright State University Psychiatry Program, Dayton, OH.

Relationality: From Attachment to Intersubjectivity (Relational Perspective Book Series, Vol. 20)

By Stephen Mitchell
Hillsdale, NJ, The Analytic Press,
2000, 200 pages, ISBN 0- 88163-
322-4, \$39.95

*Reviewed by Rosemary Segalla,
Ph.D.*

It was with considerable sadness that I took up this last book written by Stephen Mitchell. Reading it became a reminder of what he has offered us over the past 20 years and a sad awareness that we will no longer have his unique and very original voice available to us. It has made a critical reading of the book rather difficult. Who wishes to quarrel with his views when he is no longer available to continue the dialogue? Nonetheless, the review is well deserved, and despite his absence, it is important to explore this book as a rich addition to the expanding body of ideas emerging from contemporary psychoanalysis.

In the preface, Mitchell sets the stage for the exploration of the many ways in which psychoanalysis occurs. His idea is “[that] human minds interact with each other in many different ways, and that the variety of relational concepts pervading the recent analytic literature is best understood not as representing competing theories, but as addressing themselves to different interwoven dimensions of relationality.”

In chapters 1 and 2, he begins by exploring the contributions of Hans Loewald, whom he describes as writing from within traditional drive theory language while subtly shifting the meaning of the terms. In his work, he recognized some of the underpinnings of current relational thinking in psychoanalysis. Loewald’s emphasis on the significance of the external object spoke to an early awareness of the inevitability of intersubjectivity. The importance of the analytic relationship for the curative effect was a sophisticated shift away from drive theory in that it placed great importance on the relational experience. Mitchell captures Loewald’s unique emphasis on language, in which “language transcends the distinction between preverbal and verbal; language begins to play an important role from the earliest days of life.” He contrasts Loewald with Stern and Sullivan and their views on the impact of the movement from preverbal to verbal.

Mitchell’s grasp of the subtleties of Loewald’s contribution and his impact on current relational thinking is presented in clear and concise language. The clinical vignettes offered in each chapter are clarifying in that they capture Mitchell’s relational style as well as explicate the theoretical contribution not only of Loewald but also of Fairbairn and others.

In chapter 3, “An Interactional Hierarchy,” he offers a relational framework, a “heuristic device for locating, juxtaposing, and integrating different kinds of explorations of different dimensions of relationality,” which reflects organizational patterns of increasing sophistication. He suggests four modes, ranging from nonreflective behavior

(mode 1) to affective-permeability (mode 2) to self–other configuration (mode 3) and intersubjectivity (mode 4), that can be used to explore clinical choices the analyst makes. These four modes are then used throughout the book in each clinical example in a way that clarifies the work of particular clinicians.

In chapter 4, “Attachment Theory and Relationality,” Mitchell weaves in the works of Bowlby, Stern, Main, Ainsworth, and others and then offers clinical examples of attachment and modes 2, 3, and 4. These examples help to solidify the idea of mode and offer a potential tool for fine tuning the clinical exchange. He reaches for a convergence of psychological ideas, attachment theory, and psychoanalytic theory. The prospect is stimulating.

Mitchell goes on to explore Fairbairn’s work, seeing him as offering, for his time, a rather radical view of relationality that is now seen as quite significant. His explication of Fairbairn’s work is both interesting and thought-provoking in that he goes beyond Fairbairn and explores what that author might have been implicitly suggesting. He offers some compelling clinical examples that expand Fairbairn’s work.

The final chapter, on intersubjectivity, tackles the thorny issues of expressiveness and restraint in the analytic relationship. This chapter focuses on the analyst’s “inevitable participation in the process” and is the most clinically practical in its straightforward look at the analyst’s position vis-à-vis the patient. He concentrates on the strong emotions that inevitably emerge in the analytic relationship, exploring the complexity of love and hate in the analyst toward the patient. His clinical examples are both revealing and clarifying.

Although this brief review does not capture the rich complexity of the book, it offers a brief look at the far-ranging exploration that has been so characteristic of Mitchell’s thinking. If there is a complaint to be made, it is simply that at least some of these chapters call for further expansion. This is particularly the case for

the Loewald and Fairbairn chapters. The book is dense with interesting ideas and worth a read and a reread. The clinical examples are self-revealing and useful in their explanatory power. This effort to expand and clarify the relational field is very necessary, and I hope Mitchell's ideas will be expanded by others, just as he attempted to expand the ideas and influences of earlier theorists.

Dr. Segalla is the Director of the Institute of Contemporary Psychotherapy and Psychoanalysis, Washington, DC, where she also serves on the faculty. She is on the faculty of the Group Training Program of the Washington School of Psychiatry. Her private practice is in Washington, DC.

Psychotherapy and Science

By Robert Langs
Thousand Oaks, CA, Sage
Publications, 1999, 224 pages,
ISBN 0-76195-616-6, \$82.00 (cl),
0-76195-615-8, \$31.00 (pb)

Reviewed by Paul Lysaker, Ph.D.

At the outset of this book, Robert Langs argues convincingly that psychotherapy is unlikely to survive as a distinct discipline without the "development of formal science of its own." He tells us that to turn away from the rigors of theory-building and the testing of assumptions that guide practice is worse than an indulgence. From here he then sets out to describe to us the quest he has undertaken over the course of his long and fruitful career to bring science to bear on psychotherapy. The style of the book is an engaging mixture of personal narratives about his triumphs and disappointments and more formal academic writing about Langs' theories and his understanding of the key questions science has yet to address. The tone is impassioned and the work as a whole seems to

be an effort to awaken a field that the author perceives as slumbering.

To both describe his own adventures and discuss the issues of the field, Langs has divided this book into four parts. In the first he introduces basic issues and talks about why our field is ambivalent about scientific inquiry. Here Langs perceives an emotional rather than an abstract issue. In a manner that rings true, he writes: "the universal dread. . . of a confrontation with the most awful aspects of one's relationships, self, life experience, inner impulses and particularly, inevitable demise carries over to a dread of science."

In the second section, Langs presents a model of the aspects of the mind that are addressed by psychotherapy, those aspects or systems that make meaning of emotionally charged information. His presentation is dense and detailed. He offers lists of numbered postulates. He describes the division of the emotional processing mind into conscious and unconscious domains and uses names such as the "perception-analyzing receiving system" and "output control center" to distinguish individual components of these domains.

In the third and most engaging section, Langs takes us into his confidence and describes his personal tribulations as a little more than a decade ago he attempted to code a series of psychotherapy transcripts and then subject the data to mathematical modeling. For example, Langs tells us how he found in one series of studies that the amount of time clients spent narrating versus intellectualizing increased as the therapist was quiet but actively lending energy to the interaction. Here Langs explains that he believes he was measuring mental energy, and he evolves a number of laws about human communication. While I suggest that there are many alternative explanations of this finding, including ones that draw from a less synthetic and mechanistic view of the mind,^{1,2} these findings and Langs' thoughts are nonetheless exciting and provocative. They draw the reader into arguing both with Langs and with

themselves about the basic processes that go on between therapists and clients. Thus here more strongly than in any other section of the book, the case is made in vivo for how science can revitalize our thinking about psychotherapy.

In the last section, Langs speculates about how the forces of evolution may have shaped the human mind into the structures he has observed. Here he grapples with the issue of why people act in so many absurdly self-destructive ways. Why do we have important knowledge that is so difficult to access (knowledge Langs calls unconscious)? Then, at the close, Langs returns briefly to try to put psychotherapy into the context of the mind as evolving entity.

This book is ultimately a collection of closely related assertions about the nature of human consciousness and psychotherapy. The directness of Langs' assertions is both the strength and the weakness of the work. His points are clearly made. There is no guessing about his postulates or conclusions. Some of his points, though, seem unlikely to stand the test of time. For example, he asserts that "the human brain is a Darwin machine" and that there is an unwavering biological basis of the denial of death. This may be unconvincing to many readers familiar with literature on the social construction of narrative.³ Some of his thoughts about the philosophy of science are also perhaps limited by their reliance on the early 20th century positivist view. Nevertheless, this is how science moves forward. Langs is courageous enough to tell us what he thinks, and we can consequently accept or reject what he purports, thereby advancing our field. Langs writes: "It is my fervent hope that this book has aroused a restless interest and need for science." For myself, it was the case that Langs' work helped to revitalize and spur on just such a process.

Dr. Lysaker is a clinical psychologist and Assistant Professor of Clinical Psychology, Indiana University School of Medicine, Bloomington, IN.

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Psychodynamic Group Psychotherapy, 3rd edition

By J. Scott Rutan and Walter N. Stone
New York, Guilford Press, 2001,
388 pages, ISBN 1-57230-518-5,
\$42.00

Reviewed by Howard D. Kibel, M.D.

Since the first edition in 1984, this textbook has stood as one of the foremost in the field. It is the only non-edited one on psychodynamic group psychotherapy. Certainly, Yalom's textbook¹ is more popular, but his is a here-and-now approach, which eschews the value of genetic insight and group dynamics and minimizes the importance of transference. These authors recognize that the group is a multidimensional system in which events at one level affect another. Therefore, the group therapist needs to pay attention simultaneously to what is happening with the individual, among members, and with the group-as-an-entity; how genetic material, current life events, and the group's history affect the process; and the relationship of affect to content and process—all the while intervening at a level that is near to experience and also facilitates the group's development. For this reason in 1995, when reviewing the second edition (published in 1993) in these pages, this reviewer stated that "this volume remains a textbook nonpareil," and that "it is the

best one for introducing the clinician to the practice of group psychotherapy" and should be used "as an aid for teaching junior colleagues." Does that advice still hold? The answer is yes, but with one proviso, to be noted below.

This edition appears eight years after the second and has been expanded by 40%. What has transpired during that period of time to warrant a new edition? Three areas of change come to mind. First, there have been refinements in theory and the infusion of intersubjectivity, an offshoot of self psychology. Second, there continue to be advances in psychopharmacology. Third, managed care has become entrenched. Has this third edition addressed those changes? The answer is, yes, as well as can be expected.

The text addresses the advances in theory in a comprehensive way. In fact, at times the text is so rich in theory that clinicians who know little theory may get lost in its pages. The foregoing will indicate for whom this text is best suited. It is ideal for the clinician who is well grounded in the theory and technique of individual psychodynamic psychotherapy and wants to learn group psychotherapy. It is perfect for the group psychotherapist who wants to learn psychodynamic group psychotherapy. The novice may have some difficulty with those sections steeped in cutting-edge theory. But that allows the student to re-read the text and glean its richness as he or she matures professionally.

Like the second edition, the present text adequately addresses the use of medication. There is a small section on combining group psychotherapy with pharmacotherapy. But the current preference by so many for medication as a "quick fix" over the use of psychotherapy cannot be adequately discussed in such a volume.

The text refers to the challenges, or perhaps the problems, caused by managed care. These are addressed throughout. There is no chapter on how to manage managed care, or, more simply, how to beat the system. However, a section from the second edition on Time-

Limited Psychodynamic Therapy has been expanded into a full chapter.

The third edition is both a revision and an expansion of the second. The former chapter on Group Composition has been revised and reconceptualized as A Systems Approach to Forming a Group. The new title speaks to its reformulation. A series of chapters in the second edition on Special Technical Considerations has been given new identity, and thereby greater focus. The one on Expressions of Affect has been enriched so that the reader can appreciate that the authors conceive of affect as the underpinning of group process. Throughout the text, clinical examples are added and theory expanded and updated. A new chapter is included that consists of an extended clinical example with running commentaries by both authors. Through that chapter, the reader can come to appreciate how a clinician conceives of the group's process and how he or she works with the group. More important, the reader can see how two experienced clinicians can approach the same clinical situation differently.

The second chapter is about the history of group psychotherapy. The authors do a nice job of acquainting the reader with some of the seminal contributions. However, the work of Foulkes is presented on an equal footing with the work of others. Foulkes's "group analysis" is the dominant psychodynamic approach outside the United States and Canada. More attention should have been paid to his unique way of viewing the group as an organic entity and to his insistence that the therapist take a less intrusive role, so as to become the group's conductor (as in music) rather than its director. In one respect, the authors are closer to group analysis than they acknowledge. They do an excellent job of reminding the reader that the group is not merely a dynamic entity of its own, but functions within a sociocultural context that influences its processes.

An early chapter on Therapeutic Factors is extremely rich in theory. However, the level of sophistication is so high

that it might leave some novices behind. In contrast, a later chapter on The Difficult Patient explains theory in a very clear way and makes it clinically relevant. Well-grounded clinicians will not have difficulty with any of this. They can use the volume to learn about the pragmatics of group psychotherapy, its conceptual underpinnings, and its complexities. Clinical novices should be advised to skip that earlier chapter and not be discouraged if some of the theory is beyond their level of understanding. This volume can be read over and over by the beginner, who will learn more from it each time, will come to appreciate its sophistication, and will find fresh insight in its pages. In short, the authors have taken the previous edition and raised its level of excellence so that now reading the volume has become a comprehensive learning experience.

Dr. Kibel is in private practice in Valhalla, NY, where he is also Clinical Professor of Psychiatry at New York Medical College.

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Psychodynamic Practice in a Managed Care Environment: A Strategic Guide for Clinicians

By Michael Sperling, Amy Sack, and Charles L. Field
New York, Guilford Press, 2000,
166 pages, ISBN 1-57230-133-3,
\$30.00

Reviewed by David Feldman, M.D.

Sperling and colleagues have written a pragmatic, concise, thorough manual for the psychodynamic clinician who is entering upon work with managed

care organizations. Remaining neutral as to the advisability of engaging with managed care, the authors describe how, within constraints, it is possible to do some meaningful work.

The book can be read in its entirety or sampled for relevant chapters. Illustrative case vignettes are scattered throughout.

The first of eight chapters explores some of the implications of making the change to a treatment triad. A case vignette has the therapist taken off the panel of a company that had proven impossible to work with in good faith. An overview of treatment and ethical dilemmas follows. Such dilemmas are explored throughout the work, but there is perhaps too little examination of the pitfalls awaiting the unwary clinician who attempts to accommodate the demands of managed care.

The second chapter summarizes the history, structure, and agenda of managed care as these are reflected in interactions with therapists. The following chapter clarifies insurers' conception of medical necessity, describing the emphasis on functional impairment and the lack of appreciation for psychodynamic considerations on the part of care reviewers. A graph dividing possible cases into quadrants with orthogonal dimensions of functional and intrapsychic impairments illustrates the points at which managed care may be approached for support with realistic expectation of success.

Perhaps best fulfilling the intention announced in the title are the chapters "Transforming Psychodynamic Concepts into a Managed Care (Functional) Language" and "Documenting Psychodynamic Treatment in a Managed Care Format." These constitute a detailed guide to the formulation of treatment plans in the concise, "atheoretical," functional language likely to win approval of managed care. The authors provide examples of treatment plans in which elaborate dynamic formulations are condensed into a format that gives managed care the "just sufficient information." There follows a thoughtful

consideration of what can and cannot be accomplished within the temporal constraints of short-term treatment.

A chapter on the use of outcome studies provides a good overview of the many scales that might be used to demonstrate both improvement and the need for continuing work in therapy. The limitations and ease of administering each instrument are summarized. Unfortunately, the authors do not discuss whether, in their experience, using these scales helps secure support for treatment.

The final chapter revisits the central concepts in a "frequently asked questions" format, describes current developments in managed care, and predicts likely aspects of its evolution. The reference section includes an annotated bibliography, an appendix with sources of rating instruments, and a glossary.

Though somewhat dry and redundant, the *Strategic Guide* admirably fulfills its stated task. Readers will find lucid, practical guidance in the difficult task of succeeding as effective and ethical psychodynamic clinicians in the brave new world of managed mental health care.

As the authors of this book acknowledge, the experienced clinician looking for a more general guide to coping with managed care or getting on provider panels should look elsewhere. In-depth consideration of the impact of managed care on the psyche and culture of clinicians is also relegated by default to other works. Its strength is greatest for the therapist with a psychodynamic practice and limited experience working with managed care who is contemplating entering the fray; and for such it is highly recommended. It may also be of value to the new therapist of any theoretical background who is learning to deal with managed care.

Dr. Feldman practices in Mentor, OH, as part of University Mednet and is Clinical Assistant Professor of Psychiatry at Case Western Reserve University School of Medicine, Cleveland, OH.